



Province of British Columbia

Ministry of Health and Ministry Responsible for PUBLIC HEALTH PROTECTION

APPLICATION FOR A PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

POSTED

THE APPLICANT LISTED BELOW HEREBY MAKES APPLICATION FOR A PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM PURSUANT TO THE REQUIREMENTS OF THE SEWAGE DISPOSAL REGULATIONS AND AS DESCRIBED IN THE PLAN AND SPECIFICATIONS CONTAINED HEREIN AND/OR ATTACHED HERETO

PLEASE PRINT OR TYPE

APPLICANT'S FULL NAME: [REDACTED] OWNER: [REDACTED] **OCT 1 - 1992**

LEGAL DESCRIPTION AND STREET ADDRESS: **23 510, R3W Cowichan District** OWNER'S ADDRESS: [REDACTED]

238 Sunset Drive POSTAL CODE: **30076** APPLICANT'S PHONE: [REDACTED]
Plan 30076 (Except that in 32734)

TYPE OF PREMISES SERVED: SINGLE FAMILY DWELLING DUPLEX OTHER SPECIFY: _____

ESTIMATED DAILY SEWAGE FLOW (REFER TO APPENDIX 1 OF REGULATIONS FOR MINIMUM FLOW): **375'** DIMENSIONS OF LOT: **270' X 145' X 280' X 40'** LOT AREA: **3/4 Acre**

DEPTH OF SOIL TO HARDPAN, BEDROCK OR HIGHEST WATER TABLE: **48"** SEPTIC TANK (NAME, IF PREFABRICATED): **Dans Pa-Kast** MATERIAL: **Concrete** LIQUID CAPACITY: **750**

TYPE OF ULTIMATE DISPOSAL: CONVENTIONAL SYSTEM ALTERNATE (DESCRIBE): _____ TOTAL LENGTH OF DISPOSAL PIPE: **150 FT.** TYPE OF PIPE: **P.U.C.** INSIDE DIAMETER OF PIPE: **3"**

DISTANCES FROM SOURCES OF DOMESTIC WATER: FROM OWN: **Misswaven Dist No** FROM NEIGHBOURS: **C.H.S. ST** (NEAR STREAM OR LAKE)

IF A PACKAGE TREATMENT PLANT IS PROPOSED: MAKE AND MODEL: **No** TREATMENT CAPACITY: **DATE PAID**

NOTE: A SITE PLAN MUST BE SUBMITTED WITH THIS APPLICATION (see below) AND PERCOLATION TEST RESULTS MUST ALSO BE PROVIDED. RESULTS SHOULD BE RECORDED ON PLOT PLAN. **OCT - 7 1992**

THE SEWAGE DISPOSAL SYSTEM DESCRIBED ABOVE MUST BE CONSTRUCTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE SEWAGE DISPOSAL REGULATIONS. THE MEDICAL HEALTH OFFICER OR HIS DELEGATE MUST BE NOTIFIED WHEN THE INSTALLATION IS READY FOR USE AND BEFORE COVERING. **October 1, 1992** **140983 K AT**

DATE OF APPLICATION: **October 1, 1992** SIGNATURE: [REDACTED]

PERMIT TO CONSTRUCT

PURSUANT TO THIS APPLICATION AND THE SEWAGE DISPOSAL REGULATIONS, PERMISSION IS HEREBY GRANTED FOR THE CONSTRUCTION OF A SEWAGE DISPOSAL SYSTEM

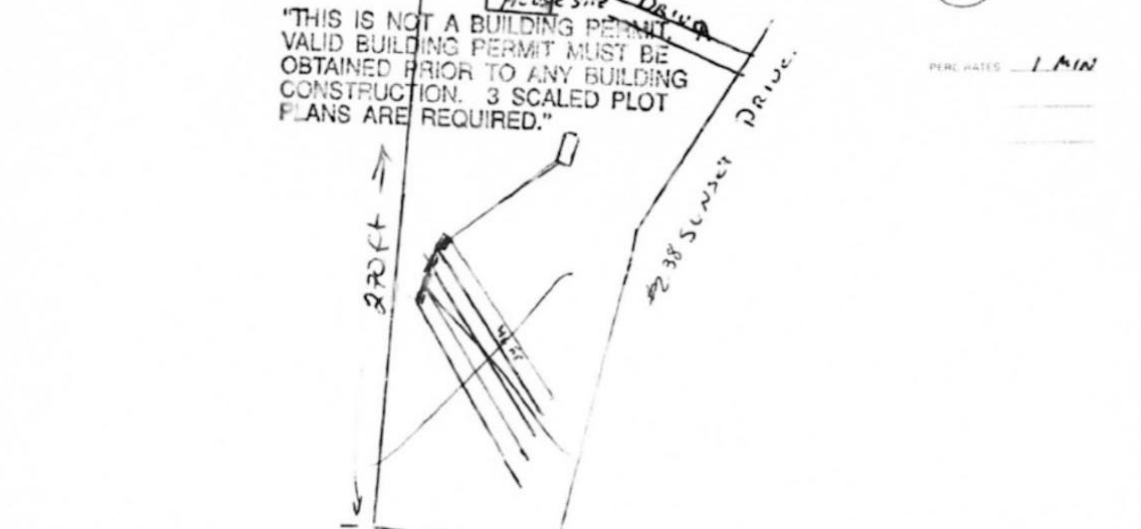
CONDITIONS OF PERMIT: **Conventional system. Install at least 230 feet of drainfield. Direct the road runoff away from the base of the drainfield.**

DATE OF ISSUANCE: **Oct 7 1992** MEDICAL HEALTH OFFICER OR PUBLIC HEALTH INSPECTOR: [Signature]

NOTE: CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OR PUBLIC HEALTH INSPECTOR. AUTHORIZATION TO USE THE SEWAGE DISPOSAL SYSTEM MUST BE GRANTED IN WRITING BY THE AUTHORITY IN JURISDICTION BEFORE BACKFILLING. CHECK WITH YOUR LOCAL AUTHORITIES REGARDING BUILDING AND ZONING BY-LAWS. THIS PERMIT IS NOT TRANSFERABLE AND EXPIRES SIX MONTHS FROM DATE OF ISSUE. **POSTED**

COMMENTS: _____ BACKFILLING AND USE AUTHORIZED: YES NO DATE: **June 15/93** MEDICAL HEALTH OFFICER OR PUBLIC HEALTH INSPECTOR: [Signature]

A PLOT PLAN SHOWING LOCATIONS OF BUILDINGS, SEPTIC TANKS, DISPOSAL FIELDS (YOURS AND YOUR NEIGHBOURS), ALL DRINKING WATER SOURCES, WATER LINES, PERCOLATION HOLES AND RESULTS, 4 FOOT TEST HOLES AND SURFACE WATERS MUST BE PROVIDED WITH THIS APPLICATION. **POSTED**

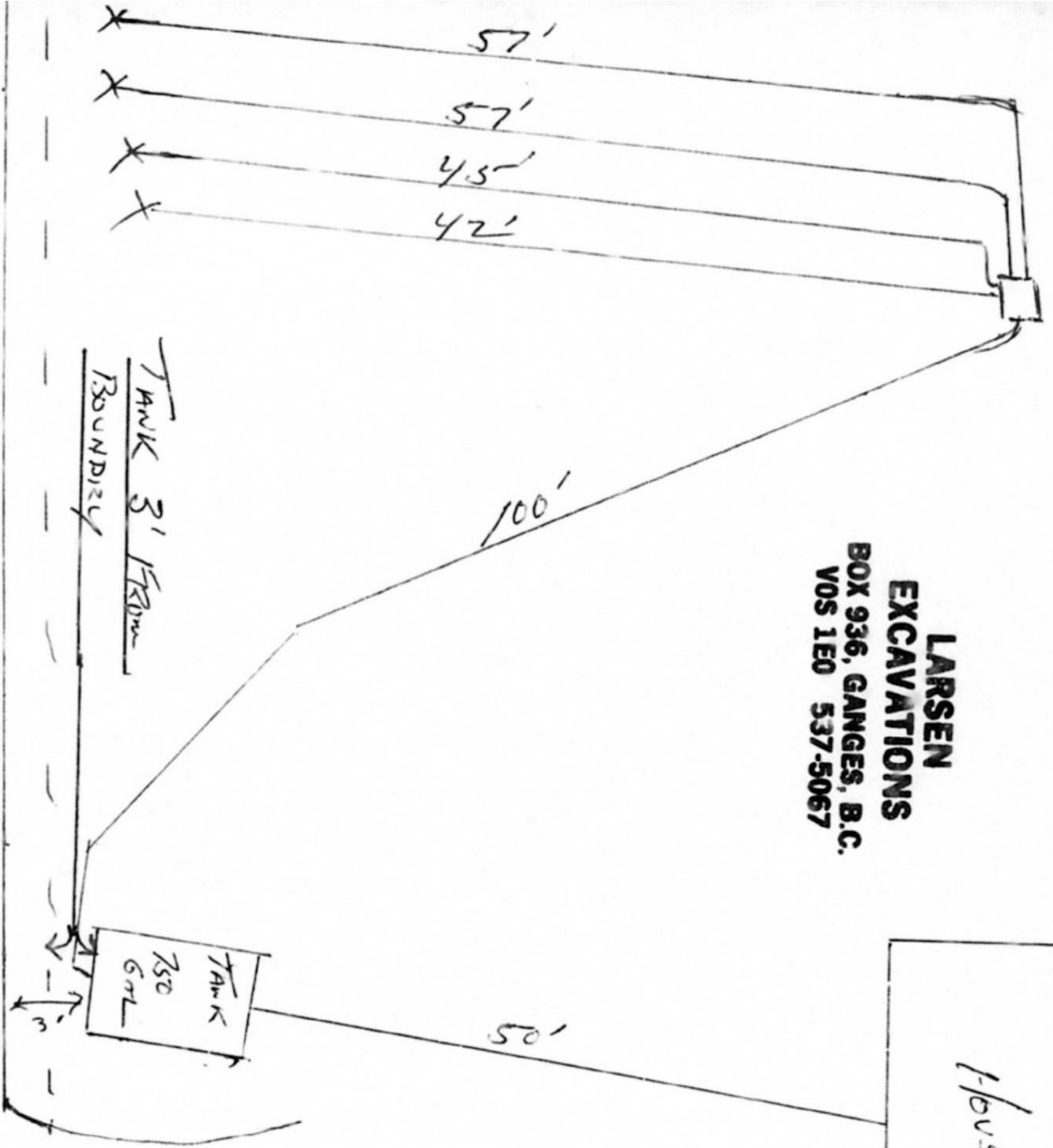


The information provided is for the sole use of the recipient. No guarantee as to the accuracy of the information is implied or accepted by VIHA and the recipient is advised to confirm all information. HEALTH 135 REV 91/12 COPY 1 - HEALTH DISTRICT COPY 2 - LOCAL GOVERNMENT COPY 3 - APPLICANT

**LARSEN
EXCAVATIONS**
BOX 936, GANGES, B.C.
VOS 1E0 537-5067

House

*Edgar
June 15/93*



238
SUNSHINE DR

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**CAPITAL REGIONAL DISTRICT - HEALTH
HEALTH PROTECTION AND
ENVIRONMENT PROGRAM**

SEWAGE DISPOSAL REGULATION

OCT 1 - 1992

Schedule 1

SITE INVESTIGATION REPORT

Owner of property: _____

Owner's address: _____

Legal description of property being tested:

Lot 3, Section 10 Range 3 west, North Salt Spring Island,
Cowichan District, Plan 3007, except that in Plan 32734

Street address: 238 Sunset Drive

Number of (4ft.) deep inspection holes as per subsection 1(a)

Conditions found: (depth of native undisturbed permeable soil) including depth of water table, clay, hardpan and rock)

2 INCHES OF HUMUS SOIL
THE REST GRAVEL BROKEN ROCK & SHALE

PERCOLATION TEST RESULTS AS PER SUBSECTION 1 (b)

Test hole 1 @ 1 minutes () Inches) deep

Test hole 2 @ 1 minutes () Inches) deep

Test hole 3 @ 1 minutes () Inches) deep

Test hole 4 @ 1 minutes () Inches) deep

SITE INVESTIGATION PERFORMED BY:

Name: C. H. Byrnes Etc.

Address: 642 RR4 MANSOUR RD FRANCES B.C. Postal code: V6S 1K0

Date of test: Oct 1/92

Signature: *Chas H Byrnes* Telephone Number: 532-4249

N.B. This report contains the minimum requirements. The Public Health Inspector may require alternative or additional tests (as per subsection 3(2)).

Y - ENV 25 (9/11)

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A FINAL INSPECTION CANNOT BE CARRIED OUT UNTIL THE INSPECTOR
IS IN RECEIPT OF THIS COMPLETED DECLARATION/WAIVER

CAPITAL REGIONAL DISTRICT HEALTH INSPECTION SERVICES

Declaration/Request for Final Inspection
of Sewage Disposal System

I hereby declare that the sewage disposal system at:

Address: 238 SUNSET DRIVE

Legal Description: LOT 3, PLAN 30076, S10 R3W CD

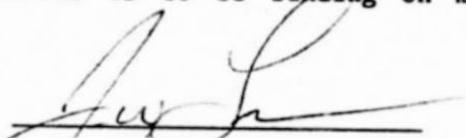
for which a permit was issued on 10/7/92 will be
ready for final inspection on 7/15/93. The installation
has been completed in accordance with the Sewage Disposal Regulations
of British Columbia and conditions specified on the permit.

Waiver of Indemnity

The undersigned, applicant, developer, contractor, or owner, assumes all risks or hazards incidental to health inspection services and agrees to release, dissolve, save harmless and keep indemnified the Capital Regional District and its officials, agents, servants and representatives, from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to the person or property of the applicant, developer, contractor or owner, howsoever caused, arising out of or in connection with the health inspection services, notwithstanding that the same may have been contributed to, caused or occasioned by the negligence of the Capital Regional District, its officers, employees, officials, agents, servants and representatives. It is understood that no warranty is implied for health inspection services of the Capital Regional District and that this agreement is to be binding on myself, my heirs, executors and assigns.

7/15/93

Date



Signature

Name of Owner:

Present Address of Owner:

Postal Code:

Telephone Number of Owner:

Contractor: HANSEN EXCAVATIONS

Address: BOX 936 GANGES BC

Telephone: 537-5067

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